

# South Bay Medical Center

*Tenet Healthcare System*

October 21, 1997

David Werdegar, MD, MPH  
Director  
Health Policy and Planning Division  
Office of Statewide Health Planning and Development  
1600 9th Street, Room 400  
Sacramento, CA 95814

Dear Dr. Werdegar:

Thank you for providing South Bay Medical Center the opportunity to respond to the results of the California Hospital Outcomes Project Report on Heart Attack 1991-1993. We have had the data reviewed by our Quality Council and are pleased to observe that the data is consistent with our perception that patients with heart attacks are well managed at our medical center. South Bay Medical Center is committed to provide only the highest quality healthcare to our patients and supports the principle of communicating appropriate and meaningful quality of care information to our consumers.

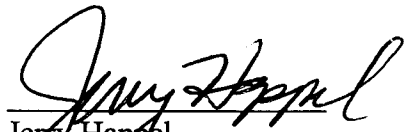
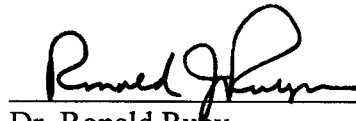
South Bay Medical Center recognizes and embraces the pioneering efforts of OSHPD to compare the quality of healthcare services throughout California hospitals. There are however many confounding variables which must be controlled in this research opportunity. We hope you will consider the following suggestions in making the research more consistent:

- The validity of conclusions based on this methodology is critically dependent on the validity and reliability of the coded risks and complications on hospital discharge records and on the consistency of coding across hospitals. The ICD-9-CM coding guidelines are vague and subject to interpretations by the coders. Due to the lack of standards in coding medical records, major differences in coding practices exist that could significantly impact statistics. We believe that OSHPD should expand their efforts to include research where standardized definitions of risk and complication are applied to patients and compared with recorded codes. The release of inaccurate and misleading data will only serve to harm the public interest and irrevocably and unfairly damage the reputation of individual health care providers.
- Although we recognize that the Office of Statewide Health Planning and Development is attempting to provide information about hospital care quality to the consumer, the consumer needs to understand that in the case of Acute Myocardial Infarction, mortality rates alone cannot be looked upon as a reliable overall quality indicator.

- A further shortcoming of the study is with regard to transfers. Patients who require more extensive invasive procedures must be transferred out of South Bay Medical Center. These procedures could contribute to the mortality rate; and yet, the mortality rate is charged to the transferring hospital.
- Some of these patients had complications that existed before the patient was admitted to our medical center and this was not taken into account for the study. It seems that the data does not distinguish between problems or conditions present on admission from those which developed during the hospital stay; nor does the data distinguish between a minor or expected complication and a major complication. It is simply misleading to the public to treat minor transient complications in the same manner as severe and clinically significant major complications.

In conclusion, we recognize that measuring and reporting conditions related to patient care is difficult to quantify. Continued improvements in patient care will allow us to continue to better serve our patients. The California Hospital Outcomes Project Report on Heart Attack 1991-1993 has been a valuable experience for all entities involved in the study. We thank you for the opportunity to present our comments on the results of the study and look forward to participating cooperatively and productively in future analyses.

Sincerely,

  
Jerry Happel  
Chief Executive Officer  
Dr. Ronald Ruby  
Chief of Staff